

SCREENING AND TREATMENT

1. Overview

a. Navy recognizes that alcohol abuse and dependency are preventable and treatable. Commands are responsible for identifying members at risk, obtaining a medical evaluation, and ordering members into appropriate intervention and/or treatment. Members who are alcohol abusers or alcohol dependent shall receive the education, counseling, and rehabilitation services medically indicated by the severity of their condition.

b. Alcohol problems are effectively addressed in most cases through leadership, discipline, education, counseling, and treatment. The primary function of treatment programs is to return the abuser to full duty status with a positive, productive and healthy lifestyle. Navy's policy is to provide members diagnosed as alcohol abusers or alcohol dependent with one period of treatment in response to an alcohol incident per career. For purposes of this provision:

(1) Command prevention programs (e.g., ALCOHOL AWARE, ADAMS and PREVENT 2000) are not considered treatment.

(2) A command-referral or self-referral is not an incident (see Referral below). Members in this category may receive periods of additional treatment as prescribed by an appropriate medical officer (MO) or licensed independent practitioner (LIP).

2. Referral For Screening (no incident)

a. It is incumbent upon all members of the Naval Service to detect and address alcohol misuse at the earliest possible stage of development. The preferred method of addressing potential or suspected abuse is through procedures called "command-referral and self-referral." Command- and self-referrals are means of early intervention in the progression of alcohol abuse by which members can obtain help before a problem becomes more advanced and more difficult to resolve without risk of disciplinary action.

- R)** b. A self-referral is personally initiated by members. Members who desire counseling or treatment for alcohol problems may initiate the process by disclosing the nature and extent of their problem to one of the following personnel who is actively employed in their capacity as a qualified self-referral representative:
- (1) DAPA.
- R)** (2) CO, OIC, Executive Officer, or Command Master Chief.
- (3) Navy Drug and Alcohol Counselor (or intern).
 - (4) DOD medical personnel (including LIP).
 - (5) Chaplain (privileged information may exist).
 - (6) Family Service Center Counselor.
- R)** c. To qualify as a self-referral, the disclosure of alcohol abuse must be made to a qualified referral representative with the intent of acquiring treatment, and there can be no credible evidence of the member's involvement in an alcohol-related incident. Disclosure made to any other person who is not a qualified self-referral representative may not shield members from disciplinary action. By way of exception, this safe haven for self-referral shall extend to members who admit to having purchased, possessed, or consumed alcohol in violation of the minimum age requirement to purchase, possess, or consume alcohol set by the military installation, State, county, or local jurisdiction in which the members are located.
- R)** d. A command-referral is initiated by the member's chain of command and may be based on any credible factor such as hearsay, personal observation, or noticeable change in job performance. COs may refer members of their command to a Medical Treatment Facility/Alcohol Treatment Facility (MTF/ATF) screening in situations where no offense has been committed, and regardless of whether or not the members have personally disclosed their problem. Some events for which COs are strongly encouraged to consider referral for members are:

- (1) Medical record of alcohol-related involvement
- (2) History of Monday or Friday absences
- (3) History of financial problems
- (4) Domestic disturbance/family concerns
- (5) Peer/co-worker concerns
- (6) Accident history
- (7) History of heavy drinking
- (8) Alcohol-related injury (to self, not due to own misconduct)
- (9) Alcohol-related victim of a crime (i.e., rape, assault, robbery, etc.).

3. Referral For Screening (post-incident)

a. Alcohol misuse or abuse that is not recognized and treated through the command- or self-referral process may remain unchecked to the point where it results in an alcohol incident. An alcohol incident is an offense, punishable under the UCMJ or civilian laws, committed by a member, to which, in the judgment of the member's CO, the offender's consumption of alcohol was a contributing factor. Alcohol abuse/dependency screening is mandatory for members who are involved in an alcohol incident regardless of rank or status. COs are responsible for obtaining DAPA and medical screenings for all members who incur alcohol incidents. The following are examples of events after which members shall be screened:

- (1) DUI/DWI
- (2) Drunkenness or drunk and disorderly conduct
- (3) Alcohol-related NJP
- (4) Alcohol-related civilian arrest

(5) Alcohol-related spouse/family member abuse

(6) Alcohol-related courtesy turnover by shore patrol, base or local police

(7) Incompetence for duty due to alcohol intoxication or impairment.

b. The above list is for illustrative purposes and is not all inclusive. COs or equivalent should consult with the command DAPA, legal officer, ADCO, or COMNAVPERSCOM (PERS-602) for additional guidance and clarification as required.

4. Screening and Treatment programs. Command- /self-referrals and incident referrals shall be ordered to the appropriate MTF/ATF for screening. The command should complete the DAPA screening package and the DAAR form (OPNAV 5350/7), and obtain a medical screening and recommendation prior to transferring a member to an MTF/ATF facility. The MO or LIP will determine the extent of abuse and recommend the level of intervention or treatment needed to return the member to full duty status.

a. The command shall forward to the MTF/ATF:

(1) A statement of reason for referral (for non-incident) or DAAR (for incident),

(2) The member's health and service records, and

(3) The DAPA screening package.

b. Once the assessment is completed, the MO/LIP will provide the command with a written screening summary that shall contain a statement of the member's amenability to treatment, diagnosis and prescription. The screening summary shall not contain recommendations for discipline, retention or separation from service.

c. COs shall, in all but exceptional cases, follow the recommendations of the screening summary. In those rare situations where the CO elects not to comply with the recommendations contained in the screening summary, a written

notification shall be forwarded to COMNAVPERSCOM (PERS-6) via the appropriate chain of command.

d. If treatment is recommended, commands should coordinate a quota with the appropriate MTF/ATF. If the level of treatment recommended is not available locally, determination of the nearest facility will be coordinated by the prescribing medical facility. Members granted treatment should be placed in a temporary duty status consistent with the requirements of the MTF/ATF.

e. Substance abuse services are delivered within a variety of treatment settings using a flexible continuum of care and variable lengths of stay. Services range from relatively low intensity education-oriented programs to medically-managed inpatient care. Levels of care and length of stay are dependent on the patient's specific clinical needs and response to treatment rather than a pre-determined program length.

f. At the completion of early intervention or treatment, the MTF/ATF will provide a treatment summary to the member's CO, which shall include a prognosis, additional recommendations, and an aftercare plan where applicable. A treatment summary with continuing treatment recommendations will be forwarded to the member's command when the member has received partial treatment at one facility and is returning to a facility in the local area of his/her command to continue with less intense treatment.

5. Family Participation. Per reference (a), family members who are dependents of alcohol or drug dependent Navy members and, to the extent feasible, others in their household, should be counseled and encouraged to participate on a voluntary basis in the treatment process. Family members who are themselves alcohol or drug dependent shall be encouraged to enter treatment voluntarily for their own and the servicemember's benefit. Per reference (k), eligible family members may receive alcohol and drug abuse services as offered through the servicemember's selected dependent health care option (i.e., TRICARE Prime, TRICARE Extra, or TRICARE Standard). Within the limits of regulations, commands should assist with transportation and accommodations for family members when required.

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6. Aftercare Plan

a. Treatment Facility Responsibilities. Upon transfer of medical care from one facility to another and/or completion of a treatment program, the MTF shall forward a copy of a summary of care to the member's command. The summary may contain referrals for additional medical/social services, and an aftercare plan, including recommendations for ongoing participation in approved self-help groups and clinically monitored outpatient counseling groups (continuing care). The MTF/ATF will ensure aftercare plans include recommended continuing care as needed, and are tailored to the needs of the member and the command. Special attention should be given to the needs of deployable units.

b. Command Responsibility. Commands are responsible, through their DAPAs, for actively monitoring and supporting aftercare plans. COs will meet with DAPAs and members with active treatment recommendations/aftercare plans at least quarterly to review progress. If the command identifies difficulties with the recommended actions, the MTF/ATF should be consulted. Command monitoring will continue through the completion of the individualized aftercare plan, not to exceed 12 months. Command monitoring and support of aftercare plans, coordinated with the DAPA, are very important in assisting members to successfully meet treatment goals.

c. Personal Responsibility. Members are individually responsible for completing all treatment recommendations.

7. Treatment Failures. The Navy is committed to providing quality care for all members in need of alcohol abuse/dependency treatment. Per reference (e), however, commands shall process for administrative separation all members considered to be treatment failures unless a written waiver is obtained from COMNAVPERSCOM. Refer to reference (i) for enlisted members and reference (j) for officers.

a. The following are examples of treatment failures:

(1) Any member who incurs a serious alcohol incident any time in his/her career after a period of treatment that was

precipitated by a prior incident. (For purposes of this provision, treatment shall include MTF/ATF directed early intervention services provided within the Continuum of Care (e.g., Alcohol Impact or equivalent)).

(2) Any member who has incurred an alcohol incident or has self-referred, and has been screened by medical and found to be in need of treatment, and who commences but subsequently fails to complete treatment or incurs a second alcohol incident. (Conduct which amounts to a refusal, failure to complete, or non-amenability must be determined by the MO/LIP. Conduct which amounts to a second incident shall be determined by the member's CO.)

(3) Any member who fails to participate in, fails to follow, or fails to successfully complete the medically prescribed and command-approved aftercare plan. (This determination must be made by the member's CO in consultation with the DAPA and the MTF/ATF.)

(4) Any member who returns to alcohol abuse at any time during his or her career following treatment, and is determined to be a treatment failure by an appropriate LIP or MO.

b. A member who incurs a relapse (return to drinking) without incident, after which he/she self-refers, is not necessarily considered a treatment failure, and shall be referred to an MTF/ATF for appropriate determination.

c. Any member who self-refers and is diagnosed to be in need of treatment by an MTF/ATF, and subsequently refuses treatment, may be subject to disciplinary and/or adverse administrative action. If in the judgment of the member's CO, the purported self-referral is determined to be a fraudulent attempt to avoid assignment to unwanted duty or transfer, or to take unjust advantage of acquired education or other incentive, the CO should administer appropriate disciplinary action and may return the member to duty or process member for administrative separation.

8. Program Entry. Certain administrative functions must be completed prior to treatment. The member's parent command shall:

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a. Complete all disciplinary and/or administrative actions if practicable.

b. Submit the DAAR form (OPNAV 5350/7).

c. Execute a page 13 entry (appendix A).

d. Ensure member has a complete seabag (for residential treatment), orders, and records (pay, service, medical, dental, screening file) upon his/her departure to the treatment facility. Seal all records to deter tampering.

e. Personnel assigned to nuclear power, air traffic control, Personal Reliability Program (PRP) and other special programs may be suspended or decertified per references (f) and (g). The specific program manager shall be consulted for guidance regarding suspension, decertification, and reinstatement.

9. Program completion. Upon satisfactory completion of treatment by the member, the command shall:

a. Execute a Program Completion Statement (appendix B),

b. Monitor aftercare plans,

c. Explain to member requirements for reinstatement to special programs, and

d. Submit a DAAR form (OPNAV 5350/7) indicating completion of treatment.

10. Disposition of New Accessions. Officer and enlisted accessions shall be disciplined for offenses in the same manner as any other member. Differences in administrative handling follow:

a. Any enlisted person determined to be alcohol dependent within 180 days of entry on active duty may be processed for administration separation as a "Defective and Fraudulent Enlistment" if the evidence shows that the member concealed a disqualifying pre-service alcohol incident history. Absent such

evidence, the member may be separated as an un-characterized "Entry Level Separation."

b. All applicants for appointment to officer candidate programs determined to be alcohol dependent shall be denied appointment.

c. Officer candidates currently enrolled in a commissioning program who incur a serious alcohol incident shall be disciplined as appropriate and directed to an MTF/ATF for screening and other appropriate actions.

11. Confidentiality of Records. Records of the identity, diagnosis, prognosis, or treatment of any member who has sought or received counseling, treatment, or rehabilitation in any Department of the Navy substance abuse counseling, treatment, or rehabilitation program which are maintained in connection with such program may not be introduced against the member in a court-martial except as authorized by a court order issued under the standards set forth in 42 U.S.C., section 290dd-2. Such records also may be used for rebuttal or impeachment purposes where evidence of illegal substance use or alcohol abuse (or lack thereof) has first been introduced by the member.

12. Limitations on Use of Information. Disclosures made by a member to substance abuse screening, counseling, treatment or rehabilitation personnel relating to the member's past substance use/abuse, or possession incident to such use, including disclosures made at Alcoholics Anonymous meetings, Narcotics Anonymous meetings or when attending Navy/Marine Corps preventive education or intervention classes, may not be used against the member in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by the member for the express purpose of seeking or obtaining treatment or rehabilitation.

a. This provision does not preclude the use of disclosed information to establish the basis for separation in a separation proceeding or to take other administrative action. Nor does it preclude the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which illegal substance abuse (or lack thereof) has first been introduced by the member.

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b. The use of information disclosed by a member to persons other than military substance abuse program personnel is not limited under this provision. Similarly, the use of information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding will not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not limited under this provision.

13. Disposition of Naval Reservists. For guidance regarding Naval Reservists, see appendix C of this enclosure.